

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>9/24/04</u>		2 Serial/Patent # <u>10/799,721</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> <u>Petition</u>			\$ <u>130</u>
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND \$ <u>130</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> <u>Duplicate Payment</u>		Credit Deposit A/C #: <u>50--0548</u>	
<input type="checkbox"/> No Fee Due (Explanation):			
<p><i>already pd w/ ck</i></p>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>RC TAYLOR</u>		TITLE: <u>Att</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>707 3080883</u>	
OFFICE: <u>PT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>[Signature]</u>		DATE: <u>9/9/04</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**